



Form Revision Date 07/2016

## ANNUAL REPORT AND ANNUAL STATEMENT

For use by DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY

(Required by Section 207 and 909, Act 23, Public Act of 1993)

The identification number assigned by the Bureau is: 801898911

Annual Report & Annual Statement Filing Year: 2023

1. Professional Limited Liability Company Name:  
SIMPLE TRUTH CHIROPRACTIC, PLLC

2. The street address of the Professional limited liability company's registered office and name of the resident agent at that office:  
 1. Resident Agent Name: ALEXANDER LEBON  
 2. Street Address: 2757 LEONARD ST NE  
 Apt/Suite/Other: SUITE 200  
 City: GRAND RAPIDS  
 State: MI Zip Code: 49525

3. Mailing address of the registered office:  
 P.O. Box or Street Address: 2757 LEONARD ST NE #200  
 Apt/Suite/Other: SUITE 200  
 City: GRAND RAPIDS  
 State: MI Zip Code: 49525

4. The name(s) and address(es) of all members(s) and manager(s) are as follows:

Name	Residence or Business Address
ALEXANDER LEBON	2757 LEONARD ST NE, STE 200, GRAND RAPIDS, MI 49525 USA

I certify that each member and manager is a licensed person in one or more of the professional services rendered by the company and that any member or manager not licensed or otherwise legally authorized to render professional service in this state does not render professional services in this state.

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 14th Day of November, 2022 by:

Signature	Title	Title if "Other" was selected
Alexander LeBon	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline     Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2023 ANNUAL REPORT

***for***

SIMPLE TRUTH CHIROPRACTIC, PLLC

***ID Number:*** 801898911

***received by electronic transmission on*** November 14, 2022 ***, is hereby endorsed.***

***Filed on*** November 14, 2022, ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14th day of November, 2022.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***